

DESIGNATION OF ESSENTIAL EMPLOYEE ACKNOWLEDGMENT FORM

Employee Name:
Employee ID:
Department Name:
Date:

This Acknowledgement is for the purposes of the above-named employee to acknowledge that he/she has received a copy of the OFFICE OF EMERGENCY MANAGEMENT DESIGNATION OF ESSENTIAL EMPLOYEES POLICY. The employee has read and understands the policy. This Acknowledgement will serve as a notice that the employee's position has been designated as an "essential employee", and as such, he/she understands that the employee shall comply with the above referenced policy and that the employee's duties are of such a nature as to require the employee to report to work or remain at work to facilitate ongoing County or Precinct Operations in order to provide for the safety and wellbeing of the general public or for the restoration of vital services before, during and after an emergency situation or local state of disaster or state of emergency. I have read and understand this acknowledgement and understand that I have been designated as an essential employee.

Employee Signature

Date

Department Head

Date